(Agency Letterhead)

(Date)

Director LDSS	
Street Address,	
City, State, Zip	
Subject: Non-Conviction Letter	
Dear	
check was conducted onadoptive parent with our agency. The requeston (date) and results were letter is verification that the foster and/or acoffenses cited in §63.2-1719 of the <i>Code</i> , is agencies and foster and adoptive homes approximately as required in §63.2-901.1 of the constraint of	e received on
	Agency Representative
	Signature Date